COUNTY BOROUGH OF NEWPORT

EDUCATION COMMITTEE

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1962

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Mr. A.H. DYER, M.Inst. Gas. E.
Mr. C.H. GRIFFITHS

Town Clerk:

J.G. ILES

Deputy Town Clerk.

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Chief Education Officer

J.H. RUSSELL, M.A., B.Sc.

Deputy Education Officer.

W.J. EDMONDS, F.C.I.S.

EDUCATION (GENERAL PURPOSES) COMMITTEE

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ALDERMAN MRS. M J. DUNN

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" F.H.L. KEMP
Rev. W.E.M. WILLIAMS
Rev. T.P. LENANE, B.A

STAFF

Principal School Medical Officer:

W.B. CLARK, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer:

JOHN SLEIGH, M.B., Ch.B., D.P.H.

School Medical Officers:

Gwyneth M. Daniel, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Richard Roderick, M.R.C.S. L.R.C.P. (Died 23.11.62)
R.M. Brown, M.B., Ch.B., D.P.H.
Mary Parry-Jones, M.R.C.S., L.R.C.P., D.P.H.
M. Mary Guest Gray B.Sc., M.B., B.Ch., D.P.H.
Gillian M. Bryant M.B., B.Ch., D.R.C.O.G., D.C.H. (Resigned 10.11.62)
Margaret E. Davies, M.B., B.Ch., D.Obst. R.C.O.G. (Appointed 9.10.62)
Morfydd R. Entwistle, M.B. B.Ch. (Appointed 3.12.62).

Principal School Dental Officer:

W.G. CLARKSON, L.D.S.

School Dental Officers:

G.A.O. White, L.D.S.
T.C. Hughes, L.D.S. (part time)
Mary K.E. Owen-Williams L.D.S. (part time)

Superintendent School Nurse:

TERESA M. INNS, S.R.N., S.C.M., H.V.

School Nurses:

Ceinwen Parker, S.R.N., S.C.M., H.V. (Retired 10 4.62)
Bathsheba Gibbs S.R.N., S.C.M., H.V. (Resigned 31.1.62).
Sylvia I. Herritts, S.R.N., S.C.M., H.V.
Christine M. Mountain, S.R.N., S.C.M., H.V.
Hilda M. Young, S.R.N., S.C.M., H.V.
Catherine Rees, S.R.N. S.C.M., H.V.
Cecilia M. Curtis, S.R.N., S.C.M., H.V. (Resigned 1 7 62).
Christine J. Mitchem, S.R.N., S.C.M., H.V.
Sylvia M. Markland, S.R.N., S.C.M., H.V. (Resigned 8 11 62).
Hilda A. Ford, S.R.N., S.C.M., H.V.
Florence E. Rossiter, S.R.N., S.C.M., H.V.
Doreen E. Swain, S.R.N., S.C.M., H.V.
Edna M. Morgan. S.R.N., S.C.M., H.V.
Edyth Powell, S.R.N., S.C.M., H.V. (Resigned 2 9 62).
Joyce E. Cummin, S.R.N., S.C.M., H.V.
Vilma E. Brain, S.R.N., S.C.M., H.V.
Lily S. Whyte, S.R.N., S.C.M., H.V.
Margaret E. Wall, S.R.N., S.C.M., H.V.
Audrey Brown, S.R.N., S.C.M., H.V.
A. Corona Evans, S.R.N., S.C.M., H.V.
Elizabeth E. Thomas, S.R.N., S.C.M., H.V.
Mary M. Phillips, S.R.N., S.C.M., H.V.
Mary A. Weeks, S.R.N., S.C.M., H.V. (Appointed 12.4.62).
Roma McCarthy, S.R.N., S.C.M., H.V. (Appointed 18 6.62).
Barbara C. Day. S.R.N., S.C.M., Q.N., H.V. (Appointed 2 7 62)
Betty J. Lewis, S.R.N., S.C.M., H.V. (Appointed 19.7.62).
Margaret A. Williams, S.R.N., S.C.M., H.V. (Appointed 19 7 62)
Norma B.E. Garwood, S.R.N., R.F.N., S.C.M., H.V. (Appointed 20.7.62).
Cecile Boucher, S.R.N., S.C.M.
Edna M. Bowman, S.R.N.
Dorothy M. Daw, S.R.N., S.C.M.

Student School Nurses

Margaret P. Murray, S.R.N., S.C.M., N.N.E.B. (Appointed 23 7 62).
Dorothy M. Harris, S.R.N., S.C.M. (Appointed 8 10 62).
L. Mary Edwards, S.R.N., S.C.M. (Appointed 25 10.62).

Speech Therapist
JACQUELINE A. NICHOLLS. L.C.S.T. (resigned 24 7 62)

Audiometrician
DOREEN M. STEVENS

Clerks/Dental Attendants

Rhoda Hughes
Jennifer M. Wotton
Christine Parker
Shirley A. French

VISITING STAFF:

Opthalmic Surgeon
N.K. BARBER. M.B., Ch.B. (Leeds) F.R.F.P.& S. (Glas) D.O.M.S.(Eng)

Ear. Nose and Throat Surgeons

D.B. SUTTON. M.B.. B.S., (Lond) F.R.C.S., (Ed) D.L.O. (Eng).

J.L.D. WILLIAMS, M.D., (Manch) F.R.C.S. (Ed).

Psychiatrist
D.F.V. JOHNSTON, B.Sc., M.B., B.Ch.

Psycholgist:
JOSETTE HONEY M.A., B.Ed.

Social Worker:
JANICE M. SMITH, B.A.

Orthoptist
SUSAN LONNON, D.B.O.

CLERICAL STAFF:

Chief Clerk
F.I. HEADWORTH

Clerks:

Winifred S. Weare
Ronald Lewis
Margaret Weaver
Elizabeth A. Davies (appointed 21.5.62)
Cecilia I. Watkins (resigned 19 4 62)
Julia Gibson
M.W. Bowyer (appointed 1 1 62 Resigned 15 5 62)

CLINICS:

Minor Ailments Clinics	7 Clinics at different centres
Dental Clinics	
Speech Therapy Clinic	
Audiometric Clinic	
Ophthalmic Clinic	Monday, Thursday and Saturday mornings; 2nd and 4th Tuesday mornings Wednesday afternoons.
Ear. Nose and Throat Clinic	1st and 3rd Tuesday mornings. 2nd, 4th and 5th Friday mornings.
Orthopeadic Clinic	Monday and Friday mornings.
Orthoptic Clinic	Monday to Thursday mornings. Monday to Friday afternoons. Alternate Saturday mornings.

ANNUAL REPORT

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADY AND GENTLEMEN,

I beg to submit my Annual Report for the year 1962.

STAFF CHANGES

Dr. Margaret E. Davies, Assistant Medical Officer of Health and School Medical Officer was appointed on 9th October, 1962.

Dr. Gillian M. Bryant, Assistant Medical Officer of Health and School Medical Officer resigned on 10th November, 1962.

Dr. Richard Roderick, Assistant Medical Officer of Health and School Medical Officer died on 23rd November, 1962.

Dr. Morfydd R. Entwistle, Assistant Medical Officer of Health and School Medical Officer was appointed on 3rd December, 1962.

CARDIAC LIST

The Cardiac List, including children with rheumatic heart disease, children who had had rheumatic fever but had not developed rheumatic heart disease, children who had had chorea, and children with congenital heart disease, which list was commenced in 1959, was maintained and added to in 1962. Children with rheumatic heart disease and children with congenital heart disease were found by the Consultant Paediatrician or by School Medical Officer, but in the latter case were sent to the Consultant Paediatrician for confirmation as it was important not to create hypochondriacs by putting children in these categories unnecessarily. In the absence of compulsory notification of rheumatic fever (which together with its complication of rheumatic heart disease was responsible for 7,575 deaths in England and Wales in 1961), children who had had rheumatic fever were found as a result of information received from the Consultant Paediatrician, General Practitioners, School Nurses, Teachers, Education Welfare Officers and parents.

In the case of children with rheumatic heart disease and children with congenital heart disease the list is maintained in order to ensure that when they are to receive ear, nose and throat or dental treatment they are given appropriate drug treatment beforehand, to prevent possible infection occurring in the damaged or abnormal heart valves, and in the case of dental treatment involving general anaesthesia, to ensure that this is carried out, like ear, nose and throat treatment, in hospital. In the case of children with rheumatic heart disease and children who have had rheumatic fever, the list is also maintained in order to obtain information about the incidence of rheumatic fever (which in the absence of compulsory notification of rheumatic fever is at present lacking) and to provide the basis for a programme of regular follow up of rheumatic fever cases by health visitors to ensure that they continue to receive prophylactic treatment if this is eventually instituted. It is the case that each attack of rheumatic fever renders the person concerned more susceptible to subsequent attacks, and that each attack renders the person concerned more susceptible to damage to the heart valves, and that subsequent attacks can be prevented by appropriate long term drug treatment.

At the end of the year the position was as follows:-

Rheumatic Heart Disease	-	4
Rheumatic Fever	-	32
Chorea	-	9
Congenital Heart Disease	-	129

During the year a survey was made of the cases of rheumatic heart disease, rheumatic fever and chorea, to find out whether or not they had been recommended prophylactic chemotherapy, with the purpose of preventing further recurrences, and if they had, whether they were receiving it.

The result of this survey was as follows:-

	Recommended chemotherapy	Not recommended chemotherapy	Total
Rheumatic Heart Disease	3	1	4
Rheumatic Fever	21	11	32
Chorea	2	5	7
	26	17	43

	Having chemotherapy	Not having chemotherapy	No information	Total
Rheumatic Heart Disease	1	1	2	4
Rheumatic Fever	13	15	4	32
Chorea	1	-	6	7
	15	16	12	43

Those included as having been recommended chemotherapy were those where this had been stated in a letter from the paediatrician or physician. Those included under the heading of there being no information available as to whether they were having chemotherapy or not, were in five cases children whose names had been added to the list during the year and who had not yet been included in the annual survey and in the sixth case a child whose parents refused to co-operate.

It is most disappointing that at the best only 27 out of 43 children should be having this essential treatment and the true picture may be considerably worse than this. Those Children who had been recommended prophylactic chemotherapy and who were found not to be receiving it were sent back to the Paediatrician so that we might impress on him once again the importance of this therapy and at the same time send their doctor a further report. It is hard to think of any programme more appropriate to be carried out by the School Health Service or of any programme where the results are greater in relation to the amount of work involved.

DENTAL TREATMENT OF CARDIAC CASES

Very satisfactory arrangements have been made with the Dental and Paediatric Consultants at the Royal Gwent Hospital for the admission to the Hospital for dental extractions of children with rheumatic and congenital heart disease, where a general anaesthetic is required, and of children with haemophilia and diabetes. These children are looked after by the Consultants while in hospital and are given appropriate prophylactic drug treatment, and the possibility of complication due to their disabilities is thus minimised.

CONSERVATIVE DENTAL TREATMENT

It will be of interest to give hereunder a table showing the fall in percentage

of dental extractions and the rise in the percentage of fillings, carried out by the School Dental Service over the last 10 years.

Year	Number of Dentists	Fillings	Fillings per Dentist	Percentage	Extractions	Extractions per Dentist	Percentage	Fillings and Extractions	Fillings and Extractions per Dentist
1952	2 5	2,935	1,174	23.1	9,741	3,896	76 9	12,676	5,070
1953	4	5.464	1,366	35.0	10,128	2,532	65.0	15,592	3.898
1954	3 4	4,184	1,231	26.3	11,720	3,447	73.7	15,904	4.678
1955	3 1	3,590	1,158	29 3	8.666	2,795	70.7	12.256	3,953
1956	2 4	4,272	1,780	37 0	7,280	3,033	63 0	11,552	4,813
1957	2 2	3,920	1,782	37 2	6,619	3,009	62.8	10,539	4.791
1958	2 4	5,474	2,281	42.2	7.487	3,120	57.8	12.961	5,401
1959	3 1	6,739	2.174	46 4	7.796	2,515	53 6	14.535	4,689
1960	2 5	6.142	2,457	45.1	7,466	2,986	54 9	13,608	5,443
1961	2	4,456	2,228	38.5	7,130	3,565	61,5	11,586	5,793
1962	2 19	5,329	2.433	41.4	7,547	3,446	58.6	12,876	5.879

As will be seen from the table, although this year there has been a rise in the number of extractions, there has also been a rise in the number of fillings, and in the number of fillings per dentist, and a fall in the number of extractions per dentist, resulting in a maintenance of the shift over the previous 9 years in the emphasis of the work in the direction of conservative treatment.

OPHTHALMIC REPORT

150 Sessions were held during the year, 36 by Mr. F.W. Robertson, until his retirement on 31st March, 1962 and 114 by Mr. N.K. Barber from the time of his appointment on 1st April, 1962

1,370 cases were examined for defected vision making an average of 9.1 cases per session. Details of these cases are as follows:-

	Grammar		Secondary		Junior		Infants		Nursery		M.&.C.W.		Other		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Myopia ...	15	13	34	32	28	22	4	2			1	1	4	6	86	76
Myopic Astigmatism	32	20	40	50	29	28	3	1	-	-		1	6	7	110	107
Hypermetropia		2	11	9	22	17	10	13	1	1	9	11	3	2	56	55
Hypermetropia Astigmatism	16	13	58	45	67	92	26	29	6	3	15	13	10	8	198	203
Mixed Astiematism	1		12	10	13	23	7	3				2	1	2	34	40
Anisometropia				1	1			1							1	2
No refractive error or crror not sufficient for correction	15	8	47	52	68	67	36	32	7	3	38	22	4	3	215	187
TOTAL	79	56	202	199	228	249	86	81	14	7	63	50	28	28	700	670

Myopia was responsible for 11.8% of the total, myopic astigmatism for 15.8%, hypermetropia for 8.1%, hypermetropia astigmatism for 29.3%, mixed astigmatism for 5.4%, anisometropia for 0.3%, and no refractive error or error not sufficient for correction for 29.3%.

Of the 162 cases of myopia 113 had a total error of less than 2 dioptres, 44 of 2-5 dioptres and 5 of 5-10 dioptres.

Of the 217 cases of myopia astigmatism 72 had a total error of less than 2 dioptres 101 of 2.5 dioptres, 34 of 5-10 dioptres, and 10 greater than 10 dioptres.

Of the 111 cases of hypermetropia, 56 had a total error of less than 2 dioptres, 50 of 2-5 dioptres, and 5 of 5-10 dioptres.

Of the 401 cases of hypermetropia astigmatism 111 had a total error of less than 2 dioptres, 239 of 2-5 dioptres, and 51 of 5-10 dioptres.

Of the 74 cases of mixed astigmatism 66 had a total error of less than 2 dioptres, and 8 of 2-5 dioptres.

Of the 3 cases of anisometropia, 2 had a total error of less than 2 dioptres, and 1 of 2-5 dioptres.

The following abnormal conditions were reported:-

Epicanthus ...	16
Cortical Cataract ...	3
Ptosis ...	3
Corneal Scar iridectomy	2
Detached Retina ...	2
Nystagmus ...	2
Blepharitis ...	1
Colour Blindness ...	1
Macula Degeneration	1
Optic Atrophy ...	1
Paralytic Strabismus	1
Pseudoneuritis ...	1

17 sessions were given to operative treatment at St. Woolos Hospital during the year and 62 operations were carried out.

EAR, NOSE AND THROAT REPORT

REMOVAL OF TONSILS AND ADENOIDS (AND SINUS OPERATIONS).

65 sessions were given to operative treatment at St. Woolos Hospital during the year by Mr. D.B. Sutton, Ear, Nose and Throat Surgeon and 253 operations were carried out. The children came from the following sources.

Grammar		Secondary		Junior		Infants		Nursery		M. & C.W.		Other		TOTAL	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
-		7	2	30	35	79	74	4	-	8	6	2	2	130	119

NO. OF CASES KNOWN TO HAVE HAD SINUS OPERATIONS ONLY.

Grammar		Secondary		Junior		Infants		Nursery		M. & C.W.		Other		TOTAL	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
-	-	-	-	1	-		2	1				-	-	2	2

At the end of the year there were 98 children on thewaiting list for removal of tonsils and adenoids and 87 on the observation list.

AURAL CLINIC

This clinic is held for the purpose of treating chronic ear conditions and preventing deafness and 43 sessions were held during the year by Mr. D.B. Sutton and Mr. J.L.D. Williams, Ear, Nose and Throat Surgeons. The 3 10 children examined came from the following sources.

Grammar		Secondary		Junior		Infants		Nursery		M. & C.W.		Other		TOTAL	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
5	4	44	24	65	48	52	46	5	1	5	3	6	2	182	128

571 attendances were made at the Clinic by these children.

ORTHOPAEDIC REPORT

566 children were examined at the Orthopaedic Clinic. These children came from the following sources:-

Grammar		Secondary		Junior		Infants		Nursery		M.& C.W.		Other		TOTAL	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
14	18	31	32	52	60	81	49	11	20	86	94	11	7	286	280

1,536 attendances were made at the Clinic by these Children.

During the year 6 cases received operative treatment at the Prince of Wales Orthopaedic Hospital, Rhydlafar, 3 secondary school girls, 2 infant school girls and 1 boy under school age.

In addition 30 children were referred to the Prince of Wales Hospital, Out-Patient Department for X-ray and further investigation.

167 school children were given massage or fitted with appliances and 409 attendances were made at the Clinic for massage and exercises by school children.

390 attendances were made at the Clinic for massage and exercises by children under school age

245 school children and 280 children under school age attended for application of plasters and dressings following examination at the Orthopaedic Clinic.

PSYCHIATRIC REPORT

I have the honour to submit my report on the Child Guidance Clinic for the year 1962.

There have been no major changes during this period. The Waiting List for the Clinic has been reduced to ten, in spite of sixty seven new referrals. Clinics are still held twice weekly and it is now unusual for any case to remain on the Waiting List for longer than one month and urgent cases can be seen within a week. This is a considerable improvement on the situation last year. It should be noted however, that it is only by severely restricting the amount of time which can be given to each individual case that the Waiting List is being kept down. During the year, fifteen cases were found to require long term psychotherapy and in all of those cases, weekly attendances would have been desirable. With the limited time available, fortnightly attendances have been the most that could be arranged and many have had to be seen only once a month. This obviously greatly retarded their recovery. There is an obvious need for a further two psychiatrist's sessions weekly which could be devoted entirely to psychotherapy, thus leaving two psychiatrist's sessions free for diagnosti purposes.

As far as Special Classes are concerned, the adjustment class at the Gaer has continued to do most valuable work and we have now been fortunate enough to be able to start a second class, which is already proving its value. There remains a lack of facilities for residential treatment. All places available to the Local Health Authority at the Mount School, Chepstow, are occupied and we have at the moment two boys awaiting vacancies there. There is still no residential accommodation for girls available in the area and great difficulty has been experienced in placing any girl in need of this treatment.

During the year, it has been possible to accommodate a few adolescents for in patient treatment at St. Cadoc's Hospital. The Hospital has been extremely co operative in this matter, but the use of an adult mental hospital for such patients can only be regarded as a 'stop-gap' measure and the need for an adolescent unit is a very real one. St. Cadoc's Hospital has also been extremely co-operative in the matter of electro-encephalography. During the year, the Clinic referred nineteen cases for this investigation and it is interesting to record that in fifteen cases definite abnormalities were found even though only a very small proportion were actually referred as possible epileptics. It has in fact been clearly shown that many behaviour disorders are associated with epileptiform changes in the electro encaphalograph even though there is no history of fits or blackouts.

In conclusion, I would like to express my appreciation of the consistent and valuable co-operation of both the Education and Health Departments of the Local Health Authority.

I have recently learned that Miss Honey is shortly to leave for a new appointment. Her departure will be a great loss to the Clinic and we all wish her every success in the future. The successful adjustment class at the Gaer School has been established with her co operation and the value of this contribution to the work of Child Guidance in this area cannot be over-estimated.

D. F. VAUGHAN JOHNSTON
Psychiatrist, Newport Child Guidance Clinic.

DENTAL REPORT

Throughout the year 1962 the School Dental Service has continued on similar lines to that of the previous year but showing some progress with improvement in figures both for inspections and treatments.

Despite Staff changes (the resignation of two part time dental officers) the figures in terms of full time officers was 2.19, as against 2 0 for the year 1961.

DENTAL INSPECTIONS

As in recent years dental inspections were confined to the children attenting the

Primary Schools. This year practically all the Junior Departments in the Schools were visited for this purpose when stress was again laid on the offer of treatment to those in need of conservative measures.

The total number of children inspected was 8,215 made up of 5,335 examined at school, and 2,880 examined at the School Clinic. These figures show an increase of 930 children inspected, as compared with the year 1961.

The Special examinations at the dental clinic are of School children of all ages and embracing all schools. The children are referred to the clinic by the School Medical Officers and School Nurses or brought by the parents, mainly for the relief of toothache.

With the continued shortage of dental officers and more conservative treatment requiring to be done, it becomes very difficult to maintain even a yearly visit to a limited number of schools.

On inspection of the children in school it was seen that the improvement in cleanliness of the mouths, and the larger proportion of children with fillings rather than cavities, which had been noted in the previous year, was being maintained. This is very encouraging but there are still far too many parents refusing the offer of conservative treatment. However, it was also noted on inspection, this time at the clinic, that when the children get to the age of 11 plus and change schools, only a minority seem to make the effort to seek out periodic inspection and treatment, either from a private dentist or by a visit to the clinic.

The absence in Secondary Schools of the dental inspection, with its offer of treatment and reminder about the care of the teeth, must be a factor in accounting for the neglect of these, since the majority of these children when under 11 years of age were regular attenders for dental treatment at the clinic.

In this connection the parents and older children must be criticized for not making the extra effort needed to obtain regular periodic inspection of the teeth. What generally happens is that the visit is delayed until toothache develops and by that time several teeth are involved and usually the stage has been reached when extraction is the only course left open.

DENTAL HEALTH

The avoidance of soft and sticky foods and sweets between meals and the regular use of the toothbrush are the only practical measures that have been available up to the present, to help reduce the incidence of dental decay.

Now, in addition to the above, routines still very necessary, there arises an opportunity to cut in half by one single measure, the incidence of dental caries by the adoption of one of the great health measures of our time, namely the fluoridation of the drinking water supply.

By this measure the reduction to half in dental decay would mean, in time, more schools visited for inspection purposes, more children leaving school with efficient natural teeth, and fewer wearing false teeth. The misery of toothache would be greatly reduced. Dental decay would at last be under very considerable control.

The point that is forgotten or purposely left out in arguments is that flouride is present in all water supplies, in some more than is necessary, and in others less than is necessary. Newport belongs to the latter category. It is known from experience and investigation that if fluoride to the extent of 1 part per million is added to the water supply there is a strengthening of the enamel of the teeth and that when used in this proportion it is perfectly safe.

This project has received more study by the experts, both in this country and abroad,

than any other health measure in the past. The government has given the scheme its approval, and the experts of the United Nations Organisation conclude their evidence on the project with the words "all the findings fit together in a consonant whole that constitutes a great guarantee of safety, a body of evidence without precedent in public health procedures".

That this measure will take years before the whole population derive benefit is no argument against the measure.

DENTAL TREATMENT

Of the 8,215 children examined 6,004 or 73% were found to require treatment, but because of Staff shortage only 6,869 children could be offered the necessary treatment, and of these 87.5% accepted and attended the Clinic.

Despite changes in staff 1,120 half days, as against 1,042 for the previous year, were available for the necessary inspections and treatment. During Treatment sessions a total of 11,695 attendances were made by 4,262 children. This represents an average of 2.7 visits per child to complete the necessary treatment.

Teeth extracted during the year numbered 7,547 an increase of 417 compared with 1961. Primary and Secondary teeth shared in the increase. For the extractions, 3,915 general anaesthetics were given by the medical officers. This is a reduction of 52 on the previous year's figure of 3,967 general anaesthetics, and makes an average of 19.4 general anaesthetics per session.

The number of fillings inserted during the year was 5,329 an increase of 873 on the previous year. The increase affected both temporary and permanent teeth. In addition, conservative measures included root filling and the fixation of artificial crowns and inlays to front teeth where the appearance of the patient and health of the teeth made it desireable.

The Orthodontic Service for the correction of irregularity of the teeth was again undertaken by Mr. A.J.P. Cousins, a Cardiff Orthodontic Specialist. During the year 65 children were referred to him by the School Dental Officers, a reduction of 27 children as compared with the previous year.

The replacement by false teeth of front teeth lost by accident or decay was continued as formerly with the workshop mechanics being done by a local firm of dental artificers. During the year 50 appliances were fitted, 3 more than in 1961.

MATERNITY AND CHILD WELFARE SERVICE

As in former years the maternity and child welfare patients were dentally examined and treated by the School Dental Officers. During the year 204 mothers and 312 pre-school children received treatment. The figures for both groups show an increase on those of the previous year.

In conclusion grateful thanks are again extended to all members of the Medical Teaching and Dental Staffs for their help and co-operation during the year.

W.G. CLARKSON,
Principal School Dental Officer.

SPEECH THERAPY REPORT

At the beginning of the year there were 94 children attending for treatment. Up till the 24th July when the speech therapist resigned her appointment 75 children were examined and 34 accepted for treatment. 21 children were discharged before the 24th July, 12 having

attained normal speech and 9 because they were unlikely to benefit from further treatment

Speech Therapy Clinics were again held at the St. Julian's Junior School on Wednesdays and at Alway Infants Welfare Clinic on Fridays. One session was also held on Monday afternoons at St. John's School for educationally sub-normal children and up till the 24th July, 14 children were examined and 7 accepted for treatment as follows:

General language retardation	...	1
General dyslalia	...	2
Tonic stammer	...	2
Simple dyslalia	...	2

At the 24th July, there were 112 children attending for treatment classified as follows:-

Multiple dyslalia	...	21
Simple dyslalia	...	25
Lateral sigmatism	...	7
Interdental sigmatism	...	3
Velar sigmatism	...	1
General language retardation	...	8
Cleft palate and hare lip	...	5
Primary stammer	...	3
Clonic stammer	...	4
Tonic stammer	...	11
Stammer and retarded speech	...	21
Spastic	...	1
Disphonia	...	1
Dyslalia and interdental sigmatism	...	1

There were 6 children still under observation and a number of schools from which requests had been made still to be visited.

AUDIOMETRIC REPORT

During the year 1962, 708 children were tested at the School Clinic. Hearing Tests were requested from the following sources:-

(1) E.N.T. consultants requesting tests at the Aural Clinics and then retests periodically. (3 or 6 monthly tests).

(2) Medical Officers from either school medical examinations or clinics.

(3) Nurses and Health Visitors.

(4) Parents and Headteachers.

The majority of these children (640) were tested with the Gramophone Audiometer, and the remaining 68 were tested with the Amplivox Pure Tone Audiometer, giving air conduction and bone conduction tests.

Routine Hearing Tests were carried out in schools between January and August, 1962, as follows:-

NUMBER OF CHILDREN TESTED WITH THE GRAMOPHONE AUDIOMETER

Number of children tested in Junior Schools	...	427
Number of children retested in Junior Schools	...	126
Total number	...	553

NUMBER OF CHILDREN TESTED WITH THE BELCLERE AUDIOMETER.

Number of children tested in Infants Schools ... 448

Between September and December the only children that were tested in school, were those recommended by the Head Teacher.

These children were tested with the Belclere Audiometer as follows:-

Number of children tested in Secondary Schools	...	40
Number of children tested in Junior Schools	...	156
Number of children tested in Infants Schools	...	27
	Total	223

The total number of children tested in school during the year was 1,224, out of which 55 only were thought to have defective hearing.

In these cases action was taken as follows:-

8 children were put on the E.N.T. Waiting List.
9 children had wax removed from their ears.
4 children were referred to the school Medical Officer.
12 children were retested and found to be normal.
12 children were requested to come to the clinic for further hearing tests.
10 children were found to be old patients of the E.N.T. Consultants.

ORTHOPTIC REPORT

At the beginning of the year there were 285 children attending for treatment.

120 children were discharged as follows:-

Nothing abnormal detected	...	34
Treatment unnecessary	...	4
Functionally cured	...	21
Functionally satisfactory	...	4
Cosmetically satisfactory	...	34
Left the town	...	7
Failed to attend	...	8
Cases of convergence insufficiency sympton free	...	8
	Total	120

166 children commenced attendance during the year and the position at the end of the year was as follows:-

Children receiving regular treatment or under observation	...	276
Children who have had an operation still attending clinic	...	48
Children on operation waiting list attending clinic	...	7
	Total	331

2013 attendances were made by the 451 children during the year.

ADULT SPEECH THERAPY

At the beginning of the year there were three patients attending for regular treatment. During the year two new patients were admitted for treatment, and one was discharged, having left the district.

At the end of the year there were 3 patients attending for regular treatment and 1 for monthly observation.

The classification of the adults is as follows:-

Aphasia with associated dyslexia and dysgraphia	1
Tonic Stammer	3

B. C. G. VACCINATION

B.C.G., vaccination was offered during the Autumn term to all children reaching their twelfth birthdays during the school year and it is interesting to compare the figures with those for previous years.

	B.C.G.	%	T.B. +	%	Total
Summer term 1955: Grammar School children reaching 14th birthday ...	188	72.9	70	27.1	258
Autumn term 1955: All children reaching 14th birthday	675	79.1	178	20.9	853
Autumn term 1956: All children reaching 14th birthday	745	81.4	170	18.6	915
Autumn term 1957: All children reaching 14th birthday	911	86.2	146	13.8	1,057
Autumn term 1958: All children reaching 14th birthday	814	90.5	85	9.5	899
Autumn term 1959: All children reaching 14th birthday	933	90.6	97	9.4	1,030
Autumn term 1960: All children reaching 14th birthday	1,196	94.4	71	5.6	1,267
Summer term 1961: All children reaching 13th birthday	1,120	95.1	58	4.9	1,178
Autumn term 1961: All children reaching 13th birthday	1,286	92.9	98	7.1	1,384
Autumn term 1961: All children reaching 12th birthday	1,089	95.9	46	4.1	1,135
Autumn term 1962: All children reaching 12th birthday	1,131	98.9	13	1.1	1,144
Total -	10,088	90.7	1,032	9.3	11,120

This programme was not fully operated until the Autumn term 1955. The group done during the Summer term 1955 was a pilot programme to ensure the smooth performance of the full programme for children reaching their fourteenth birthday during the school year 1955-56. The two extra groups done in 1961 were done so that in future B.C.G. vaccination might be offered as a routine to all children reaching their twelfth birthday during the school year.

It will be seen that a rather smaller number of children in the youngest age group came forward for B.C.G. vaccination. It may be that because B.C.G. vaccination is still regarded as a comparatively new procedure and because like smallpox vaccination but unlike

diphtheria, whooping cough and poliomyelitis immunisation it produces an ulcer and leaves a scar, it is a little more difficult to obtain its acceptance amoung younger children. It is hoped that with increasing familiarity this acceptance will be obtained. Tuberculosis is still a very important disease. In 1961 it killed 48 times as many people in England and Wales as poliomyelitis did (3,329 as against 69). If, as many people think all tuberculosis first developing in adult life represents a breakdown of a childhood infection which produced no symptoms at the time, then the importance of early protection against infection, by means of B.C.G. vaccination, cannont be over-emphasised.

It will be seen that there has been a fall in the percentage of children found to be tuberculin positive from 20.9% to 1.1% during the seven years in which the full programme has been carried out, indicating a fall in the sources of tuberculous infection. If the result of the pilot programme is included the fall has been from 27.1% to 1.1%. These results are not strictly comparable, because the last group was 2 years 8 months younger than the first group and so had been exposed to infection that much shorter. It is as well that B.C.G. vaccination has at last been accepted in this country, as without it the removal of sources of tuberculous infection, which in most cases produce immunity rather than disease in those exposed to the infection, would have produced a population increasingly susceptible to the disease. In particular the complusion to have milk tuberculin tested or pasteurised removed the opportunity to have what in most cases was a symptomless but immunising infection.

TUBERCULIN TESTING

Tuberculin testing was offered during the year to all children reaching their tenth, eighth and sixth birthdays during the school year and it is interesting to compare the figures with those for previous years.

	TB −	%	TB +	%	Total
1956: Children reaching 10th birthday ...	1,073	88.8	135	11.2	1,208
1957: Children reaching 10th birthday ...	1,285	90.5	135	9.5	1,420
1958: Children reaching 10th birthday ...	1,257	94.4	74	5.6	1,331
1959: Children reaching 10th birthday ...	1,104	94.8	60	5.2	1,164
1960: Children reaching 10th birthday ...	1,162	94.2	72	5.8	1,234
1961: Children reaching 10th birthday ...	1,070	97.1	32	2.9	1,102
1962: Children reaching 10th birthday ...	1,058	99.2	8	0.8	1,066
Total -	8,009	93.9	516	6.1	8,525

	TB −	%	TB +	%	Total
1960: Children reaching 8th birthday ...	1,091	96.5	39	3.5	1,130
1961: Children reaching 8th birthday ...	1,065	98.3	18	1.7	1,083
1962: Children reaching 8th birthday ...	1,093	99.3	8	0.7	1,101
Total	3,249	98.0	65	2.0	3,314

	TB −	%	TB +	%	Total
1956: Children reaching 6th birthday ...	781	96.4	29	3.6	810
1957: Children reaching 6th birthday ...	910	96.6	32	3.4	942
1958: Children reaching 6th birthday ...	788	91.7	71	8.3	859
1959: Children reaching 6th birthday ...	807	99.1	7	0.9	814
1960: Children reaching 6th birthday ...	970	98.5	15	1.5	985
1961: Children reaching 6th birthday ...	991	99.8	2	0.2	993
1962: Children reaching 6th birthday ...	941	99.7	3	0.3	944
Total ...	6,188	97.5	159	2.5	6,347

This programme was commenced in 1956 so far as those reaching their 10th and 6th birthdays are concerned, and in 1960 so far as those reaching their 8th birthdays are concerned.

It is satisfactory to report that there has been an increase in the number of 6 year olds coming forward for tuberculin testing in 1960, 1961 and 1962 as compared with 1958 and 1959. The comments on the fall in the number of 14 year olds coming forward for tuberculin testing and B.C.G. vaccination in 1958 which were made in the last section of the report are equally applicable in this instance.

It will be seen that there has been a fall in the percentage of 10 year olds found to be tuberculin positive from 11.2% to 0.8%, and a fall in the percentage of 6 year olds found to be tuberculin positive from 3.6% to 0.3%, during the seven years in which the programme has been carried out, indicating a fall in the sources of tuberculous infection. The percentage of 8 year olds found to be tuberculin positive has fallen from 3.5% to 0.7% between 1960 and 1962.

The tuberculin positive children were given a chest X ray, and the other members of their families were given a tuberculin test if under 25 followed by a chest X-ray if the test was positive, and a chest X ray alone if over 25. Tuberculin testing is a much cheaper and more efficient way of finding cases of tuberculosis than mass X-ray, as it makes it unnecessary to X-ray anyone under 25 except tuberculin positive cases.

DIPHTHERIA IMMUNISATION

687 school children were given reinforcing immunisation against diphtheria during the year and 67 primary immunisation.

POLIOMYELITIS IMMUNISATION

845 children under 17 mainly school children, were given immunisation against poliomyelitis during the year.

INFECTIOUS DISEASES

SCARLET FEVER.

16 school children were notified by doctors as suffering from scarlet fever during the year. Scarlet fever today is a mild illness and need give rise to no anxiety but it is not certain that the complications of scarlet fever, particularly rheumatic fever with its sequel of rheumatic heart disease, and nephritis, are as diminished in importance as is the disease itself. It is still necessary to obtain medical advice in cases of scarlet fever and to carry out this advice.

WHOOPING COUGH.

1 school child was notified by doctors as suffering from whooping cough during the year and 30 by Education Welfare Officers making a total of 31. Whooping cough is the main cause of bronchiectasis (lung abscess) and one of the causes of bronchitis. It is preventable by immunisation and now that immunisation against whooping cough is given to babies along with immunisation against diphtheria, it is hoped that the number of notifications will fall.

MEASLES.

5 school children were notified by doctors as suffering from measles during the year and 34 by Education Welfare Officers making a total of 39. Almost every child gets measles, usually before he goes to school. and as it is not a serious condition it is impossible to see why if is notifiable. In contrast. rheumatic fever, which is the cause of rheumatic heart disease is not notifiable although 7.575 people died of rheumatic heart disease in England and Wales in 1961.

DYSENTERY.

8 school children were notified by doctors as suffering from dysentery during the year. The majority of cases of dysentery are found in the course of routine investigations of persons who are showing no symptoms of intestinal disease. So far as Sonne dysentery at any rate is concerned, the organism appears to be for the main part a commensal organism, that is to say, an organism which occurs in the body without exerting any harmful effect.

FOOD POISONING.

2 school children were notified by doctors as suffering from food poisoning during the year. There were no outbreaks of food poisoning, the 2 cases occurring singly. The organism responsible for the cases were as follows:-

Salmonella typhi-murium	2

In neither case was it possible to ascertain the food involved. The two cases were not connected. So far as any conclusion could be drawn it was that the cases of food poisoning which occurred were due to the importation of infection into the town from outside in small doses in foodstuffs.

GERMAN MEASLES.

265 school children were notified by Education Welfare Officers as suffering from german measles during the year. German measles is the cause of blindness and deafness in children born to mothers who contracted the infection in early pregnancy and it is satisfactory to be able to report that this tragedy is not likely to happen to the children of the 142 girls included in the total.

MUMPS.

39 school children were notified by Education Welfare Officers as suffering from mumps during the year.

CHICKEN POX.

755 school children were notified by Education Welfare Officers as suffering from chicken pox during the year.

TUBERCULOSIS.

5 school children were certified by doctors as suffering from pulmonary tuberculosis during the year.

HANDICAPPED CHILDREN

BLIND AND PARTIALLY SIGHTED.

Two children were attending residential schools for blind and partially sighted.

Glamorgan School for the Blind, Bridgend ...	1
Rushton Hall, Kettering, Northamptonshire ...	1

DEAF AND PARTIALLY HEARING.

Nine children were attending residential schools for deaf and partially hearing:-

The School for the Deaf Llandrindod Wells, Radnorshire	2
The School for the Deaf, The Mount, Stoke on Trent, Staffordshire	2
Glamorgan School for the Deaf, Whitchurch	1

Little Abbey School, Newbury, Berkshire	...	...	1
Mary Hare Grammar School, Newbury, Berkshire	...	...	1
Rayners School, Penn, High Wycombe, Buckinghamshire		...	1
Summerfield House, Lower Howsell, Malvern, Worcs		...	1

The teacher of the deaf now attends the Gaer Junior School for seven sessions each week. There are 5 children in the class for partially deaf. The teacher also advises the parents of two partially deaf infants in the use of speech training hearing aids which they have on loan from the Education Authority.

PHYSICALLY HANDICAPPED.

Five children were attending residential schools for physically handicapped children:-

Craig y Parc, Pentyrch, Cardiff		...	2
Erw' r Delyn, Penarth	...	...	2
Lingfield Manor, Billingham, Sussex		...	1

DELICATE PUPILS.

Five Children were admitted to Mounton House School Chepstow during the year and six discharged.

Twelve children were admitted to the day class for delicate children at the Gaer Junior School and 10 discharged.

Home Tuition was provided for seven children:

1 Physically Handicapped.
3 Delicate.
2 Maladjusted.
1 Epeleptics.

Hospital Tuition was provided for eleven children.

MALADJUSTED.

Twelve children were attending residential schools for maladjusted children:

The Mount School Chepstow	...	...	7
The Linden' s Hostel, Penarth		...	2
Drayton Manor, Sherfield-on-Loddon, Hampshire			1
Horncastle School, East Grinstead, Sussex			1
Pitt House, Chudleigh, Devon.		...	1

One child was admitted to the day class for maladjusted children at the Gaer Junior School and one child was transferred from the day class to a residential school. The children attend the Child Guidance Clinic whenever necessary and are reviewed each term at school, the parents being invited to join in the discussion on these occasions.

Each term, the Psychiatrist, Psychological Social Worker and School Medical Officer visit the Mount School Chepstow to discuss the boys with the Head Teacher.

EDUCATIONALLY SUB-NORMAL.

11 children were attending residential schools for educationally sub-normal children:

Hilston Park School, Monmouth ...	5
St. Francis School, Birmingham ...	2
Brynllywarch School, Kerry, New Town Montgomeryshire	1
Croydon Hall, Bristol	1
Horncastle School, East Grinstead, Sussex	1
Kingsdon Manor, Somerton, Somerset ...	1

39 children were admitted to St. John's Day School for Educationally Subnormal pupils.

EPILEPTIC

Two children were attending Lingfield School for Epileptic Children, Lingfield, Surrey.

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-normal	Epileptic	Speech Defects	Total
During the callendar year ended 31st December, 1962.											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes	-	-	-	-	3	8 10*	5	4 42 †	-	-	72
B. 1. Included at A newly placed in special schools (other than hospital special schools) or boarding homes.	-	-	-	-	3	5 9*	2	4 38 †	-	-	61
2. Assessed prior to the 1st Jan. 1962, newly placed in special schools (other than hospital special schools) or boarding homes.	-	-	-	-	-	1*	1	3 1 †	-	-	6
* At the Authority's Gaer School for Delicate Children † At the Authority's St. John's Day Special School											
Total B1 and B2	-	-	-	-	3	15	3	46	-	-	67

	Blind	Partially Sighted	Deaf	Partial Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-normal	Epileptic	Speech Defects	Total
C. 1. Requiring Places - Special Schools											
(a) day ... Nil											
(b) boarding ... 1	-	-	-	-	-	-	1	-	-	-	1
2. Included at C. 1. who had not reached the age of 5 and were awaiting											
(a) day places ... Nil	-	-	-	-	-	-	-	-	-	-	-
(b) boarding places ... Nil	-	-	-	-	-	-	-	-	-	-	-
3. Included at C. 1. who had reached the age of 5 but whose parents had refused consent to admission and were awaiting											
(a) day places ... Nil	-	-	-	-	-	-	-	-	-	-	-
(b) boarding places ... 1	-	-	-	-	-	-	1	-	-	-	1
D. 1. On the register of (1) maintained special schools as											
(a) day pupils ...						33*		132			165
(b) boarding pupils	-	1	-	2	3	7	8	14			35
(2) non-maintained special schools as (a) day pupils ...											
(b) boarding pupils		1	2	2	-	-	-	2	2	-	9
Total D. 1.	-	2	2	4	3	40	8	148	2	-	209
2. On the register of independent schools under arrangements made by the authority	-	-	-	2	3	-	2	-	-	-	7
Total D. 1. and D. 2.	-	2	2	6	6	40	10	148	2	-	216
3. Boarded in homes and not already included under 1 and 2 above ...	-	-	-	-	-	1	2	-	-	-	3
Total D. 1., D. 2. and D. 3.	-	2	2	6	6	41	12	148	2	-	219
E. Being education under arrangements made by the authority in accordance with section 56 of the Education Act 1944											
(1) in hospitals (all medical cases	-		-	-	-	-	-	-	-	-	11
(2) in other groups (e.g. units for spastics, convalescent homes)		-	-	-	-	-	-	-	-	-	-
(3) At home ...	-	-	-	-	3	1	2	-	1	-	7

SMOKING AND LUNG CANCER

Arising from the receipt of Ministry of Education Administrative memorandum No. 555 dated 27th June, 1957, a talk was given by the Deputy Principal School Medical Officer during the autumn term in all secondary schools to children reaching the age of 15 during the school year, and this talk will be given yearly.

Graphs were drawn to illustrate the changes in the number of deaths over the last ten years in England and Wales from lung cancer and from five other cancers and from five other causes and some of the figures on which these graphs were based are as follows.

	1951	1961	% Change
Cancer of lung ...	13,247	22,798	+ 72.1
Cancer of bowel ...	15,925	14,717	- 7.6
Cancer of stomach ...	14,661	13,787	- 6.0
Cancer of breast ...	8,006	9,283	+ 16.0
Cancer of womb ...	4,059	3,979	- 2.0
Leukaemia ...	1,927	2,648	+ 37.4
Rheumatic fever and Rheumatic heart disease	11,231	7,575	- 32.6
Road accidents ...	4,510	6,634	+ 47.1
Home accidents ...	5,361	6,157	+ 14.8
Tuberculosis ...	13,806	3,329	- 75.9
Poliomyelitis ...	191	69	- 63.9

The enormous change in the importance of lung cancer as a cause of death both absolutely and in its relation to other causes is made clear from these figures and was shown even more clearly in the graphs.

Statistical evidence drawn from various surveys reported in the medical press was then presented to show the connection between smoking and lung cancer. It was shown that whereas in a group of 1,357 men with lung cancer 340 (25.0%) smoked the equivalent of 25 or more or more cigarettes a day and 7 (0.5%) were non smokers, in a control group of 1,357 men 182 (13.4%) smoked the equivalent of 25 or more cigarettes a day, and 61 (4.5%) were non-smokers.

It was shown that the death rate from lung cancer in a group of 40,000 British doctors rose from 0.07 per 1,000 among non-smokers to 2.76 per 1,000 among those who smoked 25 or more cigarettes a day, or in other words to a rate 39 times as high.

It was shown that whereas the chances of dying of lung cancer before 55,60 and 65 were approximately 1 in 1,000, 1 in 500 and 1 in 333 among non-smokers, they were 1 in 25 (40 times as high) 1 in 10 (50 times as high) and one in 6 (56 times as high) among those who smoked 25 or more cigarettes a day on the basis of deaths in 1961.

Similar statistical surveys on the connection between smoking and bronchitis, and on the connection between smoking and pulmonary tuberculosis in middle-aged men (where the theory is that smoking causes a healed primary tuberculosis to break down) were also quoted and it was suggested that smoking was probably responsible not only for the 22,798 deaths from lung cancer in 1961, but also for the excess of male over female deaths from bronchitis (19,450 − 3348 = 16,102) and from pulmonary tuberculosis (2,239 − 759 = 1,480) or for 40,380 deaths altogether.

It had been feared that there would be difficulty in retaining children's attention for the 35 minutes required to give the talk, and that they might have difficulty in following a talk on a subject which was quite new to them but these fears proved completely groundless.

Attention was held on every occasion without difficulty and the many intelligent questions which followed each talk, taking between them as long as 25 minutes to answer, showed that the talk had been followed.

HEALTH EDUCATION

During the winter months films on Mental Health were shown to Youth Clubs, each showing being followed by a discussion led by the Deputy Principal School Medical Officer. The films used were certain films provided by the Canadian Department of National Health and Welfare, for example "Overdependency", "Shyness", "The Teens", there being nothing suitable issued by the Ministry of Health, and certain documentary films, for example, "Nice Times". Where these films have been shown, the showing has been a considerable success, the discussion ranging rapidly over a wide field, and it is felt that real good has been done. It is hoped that more use will be made of this service by Youth Clubs as it becomes better known, and it could be used also for older children in school.

Talks on sex education followed by discussions were also given by the Deputy Principal School Medical Officer to parents of children at Secondary Schools. It was emphasised that instruction in the anatomical and physiological aspects of sex should be completed by the age of twelve, and that what was needed at the age of fourteen was discussion on sex regarded as human or rather personal relationships. It was appreciated that the first responsibility in this matter lay with the parent, but it was emphasised that the community could not pass its responsibility to the parent, because many parents would be unable to carry out their responsibility because they lacked the mental ability to do so, or because there were indifferent, or because their own attitude to sex was not a healthy one, and that the educational system of the community must play its part, which would require the inclusion of some human anatomy and physiology and much human psychology in the syllabus for the training of teachers. In the part of the talk dealing with sex as personal relationships the emphasis was on respect for others and for oneself as a guide to conduct rather than on laying down dogmatic rules of conduct.

CHILDREN IN NURSERY SCHOOLS AND NURSERY CLASSES

There are 5 nursery schools and 6 nursery classes in Newport with total accommodation for 460 children. Medical examination of these children is the responsibility of the School Health Service.

504 children in nursery schools and nursery classes were given a routine medical examination during the year. 195 of these children were also re-examined. Further re-examinations were made making a total of 699 examinations throughout the year.

All the children were found to be in a satisfactory physical condition.

CHILDREN UNDER CARE OF CHILDREN'S DEPARTMENT

140 medical examinations of children under the care of the Children's Department were carried out during the year.

CHILDREN FOR EMPLOYMENT

129 children were medically examined under the provisions of the bye-laws regulating the employment of children during the year.

TEACHERS

81 prospective teachers under the Education Authority were medically examined for fitness during the year.

TRAINING COLLEGE ENTRANTS

71 entrants to training colleges were medically examined for fitness during the year

EDUCATION DEPARTMENT EMPLOYEES

76 prospective employees of the Education Authority were medically examined for fitness during the year.

HOME VISITS BY SCHOOL NURSES

1,496 visits to homes of primary and secondary school children were made by school nurses in connection with after care and welfare.

SCHOOL PSYCHOLOGICAL SERVICE

I have pleasure in submitting my report for 1962. Below is a table showing the number and sources of referrals for the year as compared with 1961. The figures show an increase of 44 on our case load and the continuing growth and variety of our sources of referral.

1st January - 31st December, 1962.

SOURCES OF REFERRAL

	1961	1962
Head Teachers ...	66	89
Principal School Medical Officer	48	48
Parents and Relatives ...	26	24
Educational Phychologist ...	-	19
Juvenile Court Magistrates	2	15
General Practitioners ...	12	9
Childrens Officer ...	3	6
Education Welfare Officers	-	4
Probation Officers ...	7	3
Chief Education Officer ...	5	2
Youth Employment Officer ...	1	2
Other Child Guidance Clinics	3	1
Medical Officer of Health	4	-
Paediatrician ...	1	-
	178	222
(a) The number of cases being attended to on December 31st was ...	170	225
(b) The number of cases waiting for attention on December 31st was ...	40	30

The increase in (a) and decrease in (b) was made possible this year partly by the fact that we received in September the additional services of Miss Joy Cummin, Health Visitor, who was subsequently appointed Mental Welfare Officer by the Health Department. Miss Cummin was joined in November by Mrs. Janice Smith who was appointed Social Worker by the Education Department in place of Mrs. Myfanwy Loudon. Mrs. Smith was previously a social case-worker for the National Spastics Society.

In December, Mrs. Hawkesford was appointed as a second teacher for the Unit for Maladjusted Children at the Gaer Junior School. She will take up her appointment next Easter when the Unit will expand to admit a group of younger children. This unit which was

started just over a year ago has already proved its worth and Mr. C.H. Griffiths, the Head Master, was able to allow three children to attend ordinary classes in his school. The advantage of the Unit being part of an already existing primary school is that the process of rehabilitation can be effected in a gradual way, by allowing the children informally to join in ordinary classes in the main part of the school as and when necessary.

We were fortunate this year in being able for the first time to extend the Remedial Reading Scheme to include the Secondary Modern Schools. Six peripatetic reading teachers were appointed in October to work in the secondary schools and to date there is already some evidence that the scheme is proving valuable.

The numbers of children admitted to St. John's school have steadily increased and by 31st December the school had nearly reached its full complement. The termly parents and school leavers' meetings have continued in conjunction with the Head Master, Youth Employment Officer, School Medical Officer, and the Educational Psychologist.

These meetings have proved most valuable as have the weekly meetings at the School Clinic between Dr. Gray, School Medical Officer, the Social Workers, and the Educational Psychologist. In addition the Child Guidance team has continued to hold termly case conferences at the Mount School, Chepstow, and at the Gaer Junior School.

This year 216 of the children referred to the School Psychological Service have been given full scale battery of mental and scholastic tests by the Educational Psychologist. The Wechsler Intelligence Scale for Children continues to prove particularly useful. The new L M revised Terman/Merrill test was acquired on publication, and when time has permitted, projective techniques as, for instance, Shneidman's "Make a Picture Story", and Lydia Jackson's Family Attitudes tests, have been used.

Below is a table showing the results of 182 Wechsler (Verbal Scale) tests which were administered throughout the year.

RESULTS OF TESTS

I.Q.	No. of children	
Under 50	2	
50- 69	21	
70- 89	91	Mean I.Q. = 86
90-109	43	
110-129	20	
130-149	0	
over 150	1	
Untestable	4	
Total	182	

A glance at the table will show that the distribution curve is positively skewed, i.e. the mean I.Q. of the given sample is below 100. This is not perhaps surprising if we remember that no less than 50 of these 182 children were subsequently recommended for St. John's school.

At this point it might be appropriate to discuss certain misconceptions which we find amoung parents whose children are recommended for St. John's school. They do not often realise that it is a school where children are educated under the provisions of the Education Act - i.e. it is not an institution for the ineducable. Once parents have both grasped this point, and, more important, accepted it emotionally, then there is little difficulty in securing their co operation, for they learn to regard St. John's rather as a Remedial Centre which their children are theoretically able to leave as soon as they

are judged ready to rejoin their ordinary schools. Here it might be salutory to remind ourselves that the term "educationally subnormal" does not necessarily imply "mentally subnormal" for the Handicapped Pupils and Special School Regulations of 1959 define E.S.N. pupils as those "who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education..." The definition thus includes those who are temporarily retarded as well as the innately dull. It would, therefore, be illogical to adopt a rigid I.Q. level below which children should be deemed as suitable candidates for St. John's school. Furthermore psychologists are at pains to explode the myth that the I.Q. is a fixed, unalterable measure of our intellectual capacity. Intellectual prowess, like other inherited gifts, is amenable to some change for the better or the worse according to our environment. It would perhaps make for clearer understanding if the I.Q. were conceived as a measure of our intellectual efficiency at any given time rather than as a measure of our intellectual potential. Viewed in this light discrepancies where children are found to be actually working above their so-called intellectual potential as measured by an I.Q. test would be no cause for surprise and even indignation!

The moment of writing an annual report is a suitable one for reconsidering what must be our future aims and plans. In reviewing last year's cases I am struck by the particularly large proportion of our children suffering from school phobia. Further research is needed both into the causes of this complaint and into methods of treatment. Although it is known that home environment plays a large part in school phobia. on further investigation we often find that the resemblances between cases are merely to be found in the symptom. During 1963 we shall pay particular attention to this kind of emotional disturbance which formed the sole topic of a recent annual Inter-Clinic Conference organised by the National Association for Mental Health.

JOSETTE HONEY,

Educational Psychologist

PHYSICAL EDUCATION REPORT

Introduction

The present day influences of mechanisation and passive entertainment draw attention to the increasing need for physical fitness. While they can appreciate the value of physical fitness in preparation for athletic pursuits, arduous expeditions, and special tasks demanding physical stamina, a great proportion of the population are less aware of the need for physical fitness to equip them for the stresses and strains of everyday living. Education for such fitness from earliest childhood is a vital step in preventive medicine, and it is encouraging that, through modern approaches in the schools, this aspect of physical education is being more fully realised, together with its contribution to physical recreation.

During the past fifteen years the concept and practice of physical education have departed considerably from the rigid and almost military patterns of the pre-war years. Modern approaches in physical education are based on sound educational principles, and fortunately are not restricted by the need to conform to examination syllabuses, as with academic subjects. However, although in schools, one has not to cover a set syllabus in a certain period of time, the need for adequate time table allocation cannot be over-stressed if the most fundamental aims of physical education are to be achieved.

EQUIPMENT

While there have been no significant developments in the installation of new equipment, rising costs have produced difficulties in replacing heavily worn equipment and clothing. In the primary schools the items of equipment most affected are gym shoes. Only through the co-operation of enlightened parents in providing gym shoes for their children, is it possible for schools to spend their physical education allowances

on items other than shoes.

A recent development in the use of the new gymnastic aids, trampettes, has been their inclusion in the physical education lessons for pupils in all classes at two primary schools. Experience over one term has shown that children who are introduced to this apparatus at the age of eight years, adapt themselves more readily to its use than those who are introduced to it at the age of twelve in secondary schools.

FACILITIES FOR PHYSICAL EDUCATION

Indoor Accommodation.

While minor improvements have been carried out in various schools, the general indoor facilities for physical education show very little change from last year.

SUMMARY OF FACILITIES

Primary Schools (41)	Infant	Junior	Junior/Infants	Totals.
With hall ...	8	8	12	28
With prefabricated hall	0	1	0	1
Without hall ...	5	5	2	12
	13	14	14	41

It is regretted that through lack of sufficient classroom accommodation it was not possible to use for physical education the excellent halls at Ringland Junior and Infants Schools and Alway Infants' School. For the same reason Malpas Church-in-Wales Primary School was unable to use its hutted canteen for physical education

SUMMARY OF FACILITIES

Secondary Schools (16)

Fully equipped gymnasia (6 schools)	8 gymnasia including 2 at each of the Hartridge and Duffryn High Schools.
Small gymnasia (2 schools)	These are gymnasia of approximate area 1,000 sq. ft.
Converted halls (2 schools) (Fixed equipment)	
Halls or Canteens (6 schools) (No fixed equipment)	

Special School (1)

(Age range 7 to 16 years)
1 large hall (no fixed equipment)

Changing rooms and washing facilities.

Only in those schools with fully equipped gymnasia, and the one day special school, are there satisfactory facilities or changing and having a shower bath.

Playing fields

Of 16 secondary schools, 7 possess their own playing fields.
Of 28 Primary schools, 11 possess their own playing fields.
(excluding Infants' Schools)

While the remaining 26 secondary and primary schools were allocated facilities at the public parks, it was also necessary for two secondary schools which had playing fields to supplement their own facilities by travelling to the parks.

The availability of the excellent athletics facilities at the Glebelands track has contributed considerably to the general overall improvements in athletics performances shown by Secondary School pupils. It is felt, however, that the provision of additional practice areas for throwing and jumping events, would enable more effective use to be made of the stadium during schools' games periods.

The use of the Glebelands' track changing and washing facilities during the winter period has been much appreciated by the schools concerned.

SWIMMING BATHS

It is obvious from the trends shown in the past few years that, but for the effects of mass vaccinations early in the year, the bath attendances would have been the highest ever.

The total attendances at the Public Baths were:-

	1962	compared with	1961	and	1960
Secondary Schools	57,360		60,545		51,996
Primary Schools	20,803		22,423		21,575
	78,163		82,968		73,571

THE PRIMARY SCHOOLS' SWIMMING SCHEME

Although the Primary Schools' Swimming Scheme has been in operation since 1955, the courses in 1962 were the first to enjoy the complete reservation of the learner baths at Stow Hill and Maindee. This reservation has not only assisted class control and organisation, but has also resulted in an overall improvement in the standards of proficiency attained as can be seen from the table on page 29.

Since the beginning of the scheme eight years ago, the percentage of pupils attending twelve or more of the fifteen sessions (i.e. satisfactory attendance) remained annually between 80% and 82%. In 1962 the percentage of satisfactory attenders dropped to 74.4%. This drop of 7.0% below the average for the previous seven years appear to have been caused by the mass vaccinations which took place at the time of the smallpox epidemic in South Wales, during the early courses in March and April.

SUMMARY OF RESULTS DURING THE PERIOD 1955-1962

NON-SWIMMERS ONLY

	Totals over years 1955 to 1961		1962		Totals over eight years 1955 to 1962	
	No.	%	No.	%	No.	%
Total attended ...	8,086	100	1,022	100	9,108	100
Frequency of attendance						
15 sessions ...	3,989) 6,607	49.3) 81.7	371) 760	36.3) 74.4	4,360) 7,367	48.0) 81.0
12 - 14 sessions ...	2,618)	32.4)	389)	38.1)	3,007)	33.0)
8 - 11 sessions ...	1,022	12.6	168	16.4	1,190	13.0
4 - 7 sessions ...	372) 457	4.6) 5.7	74) 94	7.2) 9.2	446) 551	4.9) 6.0
1 - 3 sessions ...	85)	1.1)	20)	2.0)	105)	1.1)
Achievement (All)						
No recorded progress	614	7.6	95	9.3	709	7.8
Confidence ...	7,472	92.4	927	90.7	8,399	92.2
Glide 9 feet ...	6,624	81.9	845	82.7	7,469	82.0
Swim 25 feet ...	5,275	65.2	732	71.6	6,007	65.9
Swim 25 yards ...	2,707	33.5	443	43.3	3,150	34.6
Achievement (Non-Swimmers attending 12 + Sessions						
Total ...	6,607	81.7	760	74.4	7,367	80.9
No recorded progress	175	2.7	36	4.7	211	2.9
Confidence ...	6,430	97.3	724	95.3	7,154	97.1
Glide 9 feet ...	5,889	89.1	680	89.5	6,569	89.2
Swim 25 feet ...	4,889	74.0	603	79.3	5,492	74.5
Swim 25 yards ...	2,598	39.3	379	49.9	2,977	40.4

Combined Results (Swimmers and Non-Swimmers)

Total attended						
Swimmers ...	2,816	25.8	428	29.5	3,244	26.3
Non-Swimmers ...	8,086	74.2	1,022	70.5	9,108	73.7
Grand Total	10,902	100	1,450	100	12,352	100
Final Standard (All)						
Glide 9 feet ...	9,440	86.6	1,273	87.8	10,713	86.7
Swim 25 feet ...	8,091	74.2	1,160	80.0	9,251	74.9
Swim 25 yards ...	5,523	50.6	871	60.0	6,394	51.8

SWIMMING AND LIFE SAVING AWARDS

Swimming -

The following certificates were gained:-

	1962	compared with	1961
Primary Schools	2,047		1,904
Secondary Schools	910		994
	2,957		2,898

These figures do not include the 1,160 25 feet certificates awarded during the Primary Schools' Scheme.

Life Saving -

The following totals of awards of the Royal Life Saving Society were gained:-

	1962	compared with	1961 and 1960	
Boys ..	223		689	120
Girls ..	182		269	164
	405		958	284

Although the awards gained showed a considerable drop in comparison with the awards for 1961, it should be noted that the attainments in 1961 were exceptional due to the special effort made during the Water Safety campaign organised by the Royal Society for the Prevention of Accidents. In that year the 958 awards gained by Newport Schools represented 33% of all the awards gained in South Wales. The 405 awards gained in 1961 show an increase of 121 over the number gained in 1960.

In competition with all Secondary Schools in South Wales, the following Life Saving trophies were gained:-

Secondary Modern Schools (Girls) Trophy - Fairoak Secondary School for Girls (For the second successive year).
Secondary Modern Schools (Boys) Trophy - Brynglas Secondary School (For the third successive year).

These trophies are awarded to schools gaining the highest number of points for awards of the Royal Life Saving Society.

Survival Awards -

During the year the Amateur Swimming Association established a new scheme of awards for proficiency in personal survival skills. The examinations for these awards are graded in three standards beginning with the Bronze award and progressing to the Silver and Gold Awards. These awards demand great versatility and stamina and can be gained only as a result of intensive training

During the period October to December the following awards were gained by pupils:-

	Boys	Girls	Total
Bronze Award ..	21	3	24
Silver Award ..	20	3	23
			47

THE ACTIVITIES OF SCHOOLS' SPORTS ASSOCIATIONS

SUMMER GAMES

Athletics (Primary Schools) -

At a Sports Meeting organised by the Primary Schools' Sports Association, over 1,200 children competed after qualifying at their own schools' sports meetings.

In addition to certificates awarded to competitors placed first, second and third, special standard certificates were awarded to those who achieved set standard performances in all track, jumping, and throwing events.

Nearly 200 teachers were involved in the organisation of the meeting.

Athletics (Secondary Schools) -

The Secondary Schools' Athletics Association organised an Inter Schools' Meeting at the Glebelands track.

Summary of entries, standards, and records -

	No. of Competitors	Standards gained	New Records.
Girls ..	280	110	4
Boys ..	670	230	7
Totals ..	950	340	11

While performances improve annually and standards have to be raised, the full development of the sport is limited by the short duration of its school season, and heavy competition from the many other summer sports.

Baseball -

Throughout the season 19 Secondary and 20 Primary teams took part in weekly matches involving approximately 500 pupils and a minimum of 39 teachers.

Inter town matches at three age levels were played with Cardiff schools' teams and the season culminated with a senior team match with Liverpool at Newport.

Cricket -

The Newport and District Schools' Cricket Association arranged weekly fixtures for the 17 secondary and 21 primary schools affiliated to the Association.

Inter town matches were played with Cardiff and Port Talbot.

Development of the game is greatly handicapped by the shortage of satisfactory wickets.

WINTER GAMES

Association Football -

During the year an additional school was affiliated to the Newport and District Schools' Football Association which now comprises 8 secondary grammar schools, 14 secondary modern schools, and 45 primary schools.

The number of boys taking part in weekly inter-school matches was approximately 1,000 with over 100 teachers serving as referees and providing the necessary supervision.

Twenty-two inter town matches were played at three age levels; Senior (under 15 years) - 11 matches, Intermediate (under 14 years) - 1 match, Primary (Under 11 years) - 10 matches.

Arising from the Senior and Primary Inter town matches, 17 senior and 20 primary boys were awarded town badges. Two boys gained Welsh International caps.

Thirty-five primary school pupils gained Proficiency Awards of the English Schools' Football Association.

Netball -

During the year every effort has been made to develop Netball in the primary and secondary schools.

As a result of trials held for all secondary schools, two teams were selected to represent Newport in the South Wales Trials at Llanelly. One pupil was selected to represent South Wales and will also compete in trials for selection to represent Wales.

Of four inter town matches arranged with Cardiff and Monmouth, only two were played, the others being cancelled owing to weather conditions.

Rugby -

The organisation of Youth Rugby by the Newport Athletic Club has not only bridged the gap between school and senior rugby, but has also increased interest in school rugby through the immediate post school opportunities it offers.

Twelve secondary schools are affiliated to the Newport Schools' Rugby Union, and it is pleasing to see the increase in the numbers of teams organised by individual schools. The organisation of 2 and more teams per school provides the opportunities for increased pupil participation so essential for the full development of any sport.

While over 500 'friendly' inter school matches were played during the year at two levels, under 13 years and under 15 years, the Town Under 15 team achieved an outstanding record, winning 12 of the 14 games played, drawing 1, and losing 1. The team completed the season as joint holders with Swansea of the Dewar Shield.

Three boys were chosen to represent Monmouthshire and one received international honours.

Swimming -

Owing to the uneven distribution of the secondary school populations arising from the development of Hartridge and Duffryn High Schools, inter schools competitions were re-organised with two separate preliminary galas, one for the five large high schools and one for the smaller secondary modern schools, each gala producing 3 finalists for every event at a later Town Championship gala. Such organisation was intended to provide greater opportunities

for competitive swimming and diving for pupils of all schools. The analysis of entries below shows the extent to which this aim was achieved.

PRELIMINARY GALAS
(Number of pupils who competed)

	Boys		Girls		
	Individual	Team	Individual	Team	Total
Group A. (Smaller Schools)	69	84	62	96	311
Group B. (Larger Schools)	85	80	74	84	323
Primary Schools (With Group A)	26	-	16	-	42
					676

TOWN CHAMPIONSHIP GALA
(Number of pupils who competed)

	Boys	Girls	Total
Secondary	98	92	190
Primary	6	6	12
			202

Town teams consisting of over 50 swimmers and divers competed in three major annual events:-

1. The Inter Cities Swimming Gala at Cardiff.
2. The Welsh Schools' Swimming Championships at Newport.
3. The Divisional Trials of the English Schools' Swimming Association at Bristol.

As a result of the latter, 5 boys and 3 girls were selected to represent Division 5 of the English Schools Swimming Association at the National Championships at Epsom.

GENERAL

During the year staff changes concerning Secondary School physical education teachers involved the resignations of six women and two men teachers, and the appointment of four women and four men. One teacher (man) was granted secondment to attend a supplementary course in physical education.

Local teachers' courses were conducted in athletics, association football, general games, and survival swimming for secondary schools.

The range of out of school sports and games being organised for Newport schoolchildren increases year by year and it is obvious that such developments can take place only as a result of the untiring efforts of many teachers who devote much of their leisure time to the organisation and supervision of these activities. I am sure that their efforts are very much appreciated.

R. H. DIAPER,

Physical Education Organiser.

SCHOOL DINNERS AND SCHOOL MILK

1,011,278 dinners were eaten by children in Newport schools during the year as compared with 1,014,096 the previous year.

At the beginning of the year dinners were served in 34 School Canteens, 14 of which were self-contained and the remaining 20 received meals from the other kitchens. In addition, dinners were served in 5 Nursery Schools and 5 Nursery classes.

2,684,481 one-third pints of milk were drunk by children in Newport schools during the year as compared with 2,794,101 during the previous year.

ACKNOWLEDGEMENTS

I should like to thank the members of the Education Committee, the Chief Education Officer and Deputy Education Officer, and the staff of the Education Department, and the Head Teachers and other Teachers for their support.

I should also like to thank the staff, visiting staff, and clerical staff of the School Health Service for their assistance.

Finally, I should like to thank Dr. T.A. Brand, Consultant Paediatrician, Royal Gwent Hospital, for the close contact which he maintains with the School Health Service, and Mr. D.J. Dalton, Dental Consultant, Royal Gwent Hospital and Mr. A.J.P. Cousins, Orthodontic Consultant, Cardiff, for the expert advice which they give to the School Dental Service.

I am, Mr. Chairman, Lady and Gentleman,

Your obedient Servant,

School Health Service
26 Clytha Park Road,
Newport.

W. B. CLARK,

Principal School Medical Officer.

June, 1963.

RETURN OF NUMBER OF CHILDREN ON ROLL IN JANUARY, 1963.

Type of School	Number of Schools	Number on Roll		TOTAL	Part time Nursery Children
		Boys	Girls		
Primary					
Junior ...)	42	3,082	3,003	6,085)	109
Infants ...)		2,147	1,930	4,077)	
Secondary					
Grammar ...	4	980	927	1,907	
Other ...	13	2,908	2,709	5,617	
Special Educationally Sub normal ...	1	91	57	148	
Other - Nursery ...	5	69	82	151	63
TOTAL	65	9,277	8,708	17,985	172

MEDICAL INSPECTION RETURNS

Note. Tables A and B relate only to medical inspections of pupils attending maintained schools prescribed in Section 48(1) of the Education Act, 1944.

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later	373	371	99.46	2	.54
1957	131	130	99 24	1	.76
1956	889	888	99 89	1	.11
1955	488	488	100	-	-
1954	60	60	100		
1953	33	33	100		
1952	662	661	99 85	1	15
1951	346	346	100		
1950	23	23	100		
1949	35	35	100		
1948	1,111	1 111	100	-	-
1947 and ealier	651	651	100	-	-
TOTAL	4,802	4 797	99 9	5	.1

TABLE B. - PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin)

Note Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1958 and later	1	66	67
1957	3	25	28
1956	13	175	185
1955	5	102	105
1954	4	9	13
1953	2	2	4
1952	45	85	122
1951	28	38	63
1950	1	4	5
1949	2	3	5
1948	41	89	128
1947 and earlier	24	49	68
	169	647	793

TABLE B - OTHER INSPECTIONS

Notes: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	2,395
Number of Re-inspections	...	2,354
Total	-	4,749

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	50,520
(b) Total number of individual pupils found to be infested	...	931
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	1,270
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	2

TABLE D. - SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested, - No, but will be done from 1/1/63.
   (b) If so, how soon after entry is this done? -

2. If the vision of entrants is not tested, at what age is the first vision test carried out? - 7 - 8 age group.

3. How frequently is vision testing repeated throughout a child's school life? - At Intermediate and Leaver Group Periodic M.I's

4. (a) Is colour vision testing undertaken? - Yes.
   (b) If so, at what age? 14 15 Leaver Group Periodic M.I.
   (c) Are both boys and girls tested? Yes

5. By whom is vision and colour testing carried out? - Health Visitors/School Nurses.

6. (a) Is audiometric testing of entrants carried out? - Yes.
   (b) If so, how soon after entry is this done? - During first year of admission.

7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out,

8. By whom is audiometric testing carried out? - Audiometrician

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A - PERIODIC INSPECTIONS

Note. All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment and the number of pupils found to require observation.

Defect Code No.	Defects or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		TOTAL	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4.	Skin ...	17	30	17	63	24	40	58	133
5.	Eyes								
	a. Vision ...	18	20	65	232	86	84	169	336
	b. Squint ...	27	27	5	25	11	18	43	70
	c. Other ...	5	9	3	48	7	10	15	67
6	Ears -								
	a. Hearing ...	20	22	4	19	16	23	40	64
	b. Otitis Media	6	12	15	15	8	20	29	47
	c. Other ...	23	4	11	6	11	4	45	14
7.	Nose and Throat	87	185	28	70	34	116	149	371
8	Speech ...	25	37	2	4	16	51	43	92
9.	Lymphatic Glands	-	23	3	21	2	29	5	73
10.	Heart ...	12	24	3	13	10	31	25	68
11.	Lungs ...	5	58	5	27	10	55	20	140
12.	Developmental -								
	a. Hernia ...	4	5		1	1	4	5	10
	b. Other ...	4	51	2	24	4	42	10	117
13.	Orthopeadic -								
	a. Posture ...	3	5	2	20	8	12	13	37
	b. Feet ...	44	54	13	43	45	52	102	149
	c. Other ...	-	7	25	59	25	58	50	124
14.	Nervous System -								
	a. Epilepsy ...	1	6	-	9	5	9	6	24
	b. Other ...	-	7	3	13	2	13	5	33
15.	Psychological -								
	a. Development	1	21	1	23	3	22	5	66
	b. Stability	1	35	1	11	3	42	5	88
16.	Abdomen ...	1	20	1	5	5	14	7	39
17	Other ...	4	8	7	29	9	11	20	48

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Notes: This part of the return should be used to give the total numbers of:-

(i) cases treated or under treatment during the year by members of the Authority's own staff;
(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	No. of cases known to have been dealt with
External and other, excluding errors of refraction and squint	272
Errors of refraction (including squint) ...	1,469
Total -	1,741
Number of pupils from whom spectacles were prescribed	1,149

TABLE B. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear ...	3
(b) for adenoids and chronic tonsillitis ...	232
(c) for other nose and throat conditions ...	6
Received other forms of treatment ...	250
	491

Total number of pupils in schools who are known to have been provided with hearing aids :-

*(a) in 1962	1
(b) in previous years ...	26

* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	394
(b) Pupils treated at school for postural defects	-
Total	394

TABLE D. - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm - (a) Scalp ...	-
(b) Body ...	4
Scabies	22
Impetigo	53
Other skin diseases ...	1,366
Total	1,445

TABLE E. - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	222

TABLE F. - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	128

TABLE G. - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with	
(a) Pupils with minor ailments	671	
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	-	
(c) Pupils who received B.C.G. vaccinations	1,131	
(d) Other than (a), (b) and (c) above:-		
Poliomyelitis (under 17 years)	845	
Tuberculin Skin Testing	3,319	
Diphtheria Immunisation	67	Primaries
	687	Reinforcing Doses
	6,720	

PART IV - DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963, as in Forms 7, 7M, and 11 Schools 17,985.

1. Number of pupils inspected by the Authorities Dental Officers:-

(a) Periodic	5,335
(b) As Specials	2,880
Total (1)	8,215

2.	Number found to require treatment			6,004
3.	Number offered treatment			4,869
4.	Number actually treated			4,262
5.	Number of attendances made by pupils for treatment, excluding those recorded at 11 (below) ...			11,695
6.	Half days devoted to:			
	(a) Periodic (School) Inspection ...			28
	(b) Treatment			1,092
		Total (6)		1,120
7.	Fillings:			
	(a) Permanent Teeth			4,721
	(b) Temporary Teeth			608
		Total (7)		5,329
8.	Number of Teeth filled:			
	(a) Permanent Teeth			4,430
	(b) Temporary Teeth			598
		Total (8)		5,028
9.	Extractions:			
	(a) Permanent Teeth			2,509
	(b) Temporary Teeth			5,038
		Total (9)		7,547
10.	Administration of general anaesthetics for extraction			3,915
11.	Orthodontics: No cases were treated at the School Clinic but 65 children were referred to a private dentist in Cardiff for treatment.			
12.	Number of pupils supplied with artificial teeth ...			50
13.	Other operations:			
	(a) Permanent Teeth			434
	(b) Temporary Teeth			938
		Total (13)		1,372

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